

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

2 E OF DEATH AND 45 L RESIDENCE 0348	1. PLACE OF DEATH A. COUNTY Maricopa		B. LENGTH OF STAY IN THIS TOWN 48 yrs. IN ARIZONA 49 yrs.		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION) A. STATE Arizona B. COUNTY Maricopa	
	C. CITY OR TOWN Wickenburg		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN Wickenburg <input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS	
	D. FULL NAME OF HOSPITAL OR INSTITUTION Community Hospital				D. STREET ADDRESS 209 S. Washington St. (IF RURAL, GIVE LOCATION)	
PRECEDENT PERSONAL DATA 149 2 035	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) Anthony (Tony) B. (MIDDLE) Boetto C. (LAST) Boetto			4. SEX Male	5. COLOR OR RACE White	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married
	6B. NAME OF SPOUSE Laurel		7. DATE OF BIRTH MONTH July DAY 29 YEAR 1906	8. AGE (IN YEARS LAST BIRTHDAY) 49	IF UNDER 1 YEAR MONTHS 2 DAYS 2	IF UNDER 24 HRS. HOURS 2 MIN. 2
	9B. KIND OF BUSINESS OR INDUSTRY School Teacher		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Arizona	11. CITIZEN OF WHAT COUNTRY? USA	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) Yes WW 2	
CAUSE OF DEATH ITEM 18)	14A. FATHER'S NAME John Boetto		14B. BIRTHPLACE (STATE OR COUNTRY) Italy		15A. MOTHER'S MAIDEN NAME Mary Mungie	
	16. INFORMANT'S SIGNATURE Mrs. Laurel Boetto, Wickenburg Arizona.			17. DATE OF DEATH (MONTH) Oct. (DAY) 9 (YEAR) 1955		
	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE (A), (B), (C). THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. 1. Rh. Compatibility reaction 2. Anemia re. mid erythrocytary 2 day			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (A) Rh. Compatibility reaction DUE TO (B) Anemia re. mid erythrocytary 2 day DUE TO (C) II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.		
19A. DATE OF OPERATION 10-10-55		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
OPERATIONS AUTOPSY	21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 1937 , 19 10-9- , 19 55 , THAT I LAST SAW THE DECEASED ALIVE ON Oct. 9, 19 55 , AND THAT DEATH OCCURRED AT 1245 P M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.					
	22A. SIGNATURE Claydon Brailier (DEGREE OR TITLE) M.D.		22B. ADDRESS Wickenburg, Arizona		22C. DATE SIGNED 10-11-55	
DEATH DUE TO EXTERNAL VIOLENCE	23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE (SPECIFY) 		23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) 		23C. (CITY OR TOWN) (COUNTY) (STATE) 	
	23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY 		23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		23F. HOW DID INJURY OCCUR? 	
CORONER'S CERTIFICATION	24A. CORONER'S SIGNATURE 			24B. ADDRESS 		24C. DATE SIGNED
	25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/> 		25B. DATE 10-13-55		25C. NAME OF CEMETERY OR CREMATORY Wickenburg	
FUNERAL DIRECTOR AND REGISTRAR	25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Wickenburg Arizona		25E. NAME OF CEMETERY OR CREMATORY Wickenburg		25F. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Wickenburg Arizona	
	26A. DATE REC. BY LOCAL REG. 10/15/55		26B. REGISTRAR'S SIGNATURE H. L. Wachtler		26C. FUNERAL DIRECTOR'S SIGNATURE H. L. Wachtler	
26D. DATE REC. BY LOCAL REG. 10/15/55		26E. REGISTRAR'S SIGNATURE H. L. Wachtler		26F. FUNERAL DIRECTOR'S SIGNATURE H. L. Wachtler		26G. ADDRESS Wickenburg Arizona